CANDIDAT	E / OFFICEHOLDER			FORM C/OH
CAMPAIGN	I FINANCE REPORT		L RECORD	COVER SHEET PG 1
The C/OH Instruction (	Guide explains how to complete this form.		orth, TX	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST Gyna		W	OFFICE USE ONLY  JUL 1 7 2017
	NICKNAME LAST Bivens		SUFFIX	CITY OF FORT WORTH
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; (5913 McKaskle Drive	CITY;	ZIP CODE	Date Hand delivered or Date Postmarked  Receipt # Announ
Change of Address	Fort Worth, TX 76119			Date Processed  Date Imaged
5 CAMPAIGN TREASURER NAME	MS/MRS/MM FIRST		MI	
	NICKNAME LAST Blue	V	SUFFIX	
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE 5701 Shore I		T/SUITE#; CITY	Y; STATE; ZIP CODE
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER  817 086177	extension 2		
8 REPORT TYPE	January 15 30th day be	ore election	Runoff Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholder only)  Final Report (Attach C/OH-FR)
9 PERIOD COVERED	Month Day Year 04/28/2017	THROUGH	Month Day 06/30/20	
10 ELECTION	ELECTION DATE  Month Day Year  05/06/2017	Primary  General	ELECTION TYPE Runoff Special	Other
11 OFFICE	OFFICE HELD (if any) City Council District 5 District 5		12 OFFICE SOUGH City Council Di	HT (if known) istrict 5 District 5
	GC	O TO PAGE 2		Vanier VI 0 00 45

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2

2 of 19

13 C / OH NAME	ACI		4 Filer ID						
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder. consent. Candidates and	olitical contributions accepted or political expenditure These expenditures may have been made without the officeholders are required to report this information of	e candidate's or officeho	older's knowledge or					
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME							
(Spring)	SPECIFIC	COMMITTEE ADDRESS							
		COMMITTEE CAMPAIGN TREASURER NAME							
		COMMITTEE CAMPAIGN TREASURER ADDRESS							
16 CONTRIBUTION TOTALS		AL CONTRIBUTIONS OF \$50 OR LESS (OTHER TH RANTEES OF LOANS), UNLESS ITEMIZED	AN PLEDGES,	\$ 1,000.00					
ş	2. TOTAL POLITICATION (OTHER THAN P		\$ 8,791.43						
EXPENDITURE TOTALS	3. TOTAL POLITICA	. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED							
	4. TOTAL POLITIC	AL EXPENDITURES		<b>\$</b> 12,559.83					
CONTRIBUTION BALANCE	5. TOTAL POLITICA REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LAS RIOD	ST DAY OF THE	<b>\$</b> 13,299.65					
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPA OF THE REPORT	AL AMOUNT OF ALL OUTSTANDING LOANS AS O TING PERIOD	F THE LAST DAY	\$ 0.00					
AFFIX NO	MARY J. KAYSER tary Public, State of Texa mm. Expires 01-11-202 Notary ID 3896065  TARY STAMP / SEAL ABC cribed before me, by the sa	Signature of C		e reported by me					
Signature of office	per administering	Printed name of officer administering	Title of officer ac	COLATE dministering oath					

## SUBTOTALS - C/OH

### FORM C/OH COVER SHEET PG 3

				COVERS	3 of 19
1	ER NAM vens, G		19 Filer ID		
l .		SCHEDULE		SUB	TOTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	2,550.00
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	6,241.43
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$	12,559.83
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS FOR TO FILER	RETURNED	\$	

#### **MONETARY POLITICAL CONTRIBUTIONS** SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 4/19 2 FILER NAME 3 Filer ID Bivens, Gyna 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 05/01/2017 \$500.00 Atlantic Pacific Communities 6 Contributor address; City; State; Zip Code Kane Concourse, Suite 215 Bay Harbor Islands, FL 33315 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/28/2017 Hammer and Nails Club \$500.00 Contributor address; City; State; Zip Code 100 E 15th St, Suite 600 Fort Worth, TX 76102 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: \$500.00 05/05/2017 Sandlin, Robert Contributor address; City; State; Zip Code 11615 Forest Central Dallas, TX 75243 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: 04/29/2017 \$50.00 Williams, Bert (Agent) Contributor address; City; State; Zip Code 1700 Ellington Fort Worth, TX 76112 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Retired Agent Self employed

## **NON-MONETARY (IN-KIND) POLITICAL** SCHEDULE A2 CONTRIBUTIONS 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 5/19 2 FILER NAME 3 Filer ID Bivens, Gyna \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS 9 In-kind contribution 5 Date 6 Full name of contributor Amount of out-of-state PAC (ID#: contribution (\$) description 04/28/2017 The Newell Companies \$6,241.43 | Advertising Contributor address; City; State; Zip Code 2550 South Precinct Line Road Fort Worth, TX 76118 Check if travel outside of Texas. Complete Schedule T. 11 Employer (FOR NON-JUDICIAL) (See instructions) 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) (See instructions) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V1.0.2645

### SCHEDULE F1

Advertising Expense Accounting/Banking

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment		Gitt/Awards/Memorials Expense Legal Services  The Instruction Guide explain		ense ges/Contract Labor	Travel Out of District OTHER (enter a category not listed about	ve)
1	Total pages Schedule F1:	2 FILER NAM	E			3 Filer ID	
	Sch: 1/14 Rpt: 6/19	Bivens, Gy	na				
4	Date	5 Payee name	•				
	05/04/2017						
6	Amount (\$) \$237.50	7 Payee addre	ess; City; Sta	te; Zip Cod	e		
8	PURPOSE	(a) Category "	De Control of the Australia		b) Description		
	OF EXPENDITURE	Advertising	See Categories listed at the top of this s	schedule)	Check if travel	outside of Texas. Complete Schedule T. n, TX, officeholder living expense e stands	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh		ficeholder name	Office soug	ht	Office held	
Г	Date	Payee name					
	05/05/2017	Albertson's	3				
	Amount (\$) \$115.39	Payee addr	ess; City; Sta	ite; Zip Cod	е		
		Fort Worth	, TX				
	PURPOSE OF EXPENDITURE		See Categories listed at the top of this erage Expense	schedule)	Check if Austi	I outside of Texas. Complete Schedule T. n, TX, officeholder living expense everage for volunteers	
	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Office soug	ht	Office held	
	Date 05/06/2017	Payee name Bivens, Be	etty (Mrs.)				
	Amount (\$) \$210.00	Payee addr	s	ate; Zip Cod	e		
L		Fort worth	i, TX 76119				
	PURPOSE OF EXPENDITURE	t .	See Categories listed at the top of this n/Fundraising Expense	schedule)	Check if Austi	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense Phone Work for Campaign	
	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Office soug	ht	Office held	

## SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Event Expense Fees

	Contributions/ Donations Made By Candidate/Officeholder/Politice Credit Card Payment	/ - d Comm <del>ittee</del>	Gift/Awards/Memorials Exper Legal Services  The Instruction Guide	nse Printir Salari	_	se s/Contract Labor	Travel Out of District OTHER (enter a category not listed abo	ove)
1	Total pages Schedule F1:	2 FILER NAM	E				3 Filer ID	
L	Sch: 2/14 Rpt: 7/19	Bivens, Gy	na					
4	Date	5 Payee name	2					
1	05/05/2017	Chef Point						
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip	Code			
	\$90.08							
ı								
		Watauga,	ΓX					
8	PURPOSE	(a) Category (s	See Categories listed at the top	of this schedule)	(b)	Description		
	OF EXPENDITURE	1	rage Expense			<del></del>	outside of Texas. Complete Schedule T.	
1	LAFEINDITORE						TX, officeholder living expense	
					- 1	Strategy sess	ion meeting	
L								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		ficeholder name	Office s	sought		Office held	
Г	Date	Payee name						
l	05/03/2017	Davis, Mar	y					
H	Amount (\$)	Payee addre	ess; City;	State; Zip	Code			
ı	\$100,00	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,					
	4200,00							
		Fort Worth	TV					
┡								
	PURPOSE OF		See Categories listed at the top		(b)	Description		
	EXPENDITURE	Solicitation	/Fundraising Expens	e		<del></del>	outside of Texas. Complete Schedule T. TX, officeholder living expense	
						t-mark	none Bank worker	
ı						relephoner	TOTIO DELIK WOTKO	
$\vdash$	Complete ONLY if direct	Candidate/Of	ficeholder name	Office :	sought		Office held	
	expenditure to benefit C/O				g			
┝	Data							
ı	Date	Payee name						
	05/05/2017	Davis, Mar	у					
ı	Amount (\$)	Payee addre	ess; City;	State; Zip	Code			
	\$40.00							
ı								
		ΤX						
$\vdash$	PURPOSE	(a) Category (c	See Categories listed at the top	of this pobodule)	(b)	Description		
1	OF		ages/Contract Labor		'-'		outside of Texas. Complete Schedule T.	
ı	EXPENDITURE	Sujanes/**	ages/Contact Eason			Check if Austin,	TX, officeholder living expense	
1						Telephone we	ork	
Г	Complete ONLY if direct		iceholder name	Office s	ought		Office held	
	expenditure to benefit C/O	Н			-			
-				· · · · · · · · · · · · · · · · · · ·				

## SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment	
1	Total pages Schedule F1: Sch: 3/14 Rpt: 8/19	2 FILER NAME Bivens, Gyna  3 Filer ID
	05/01/2017	5 Payee name Drisdale, Horaceylle (Ms.)
6	Amount (\$) \$200.00	7 Payee address; City; State; Zip Code 5913 McKaskle Drive Fort Worth, TX
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Phone Bank worker
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date 05/06/2017	Payee name Eddy, Elridge
	Amount (\$) \$100.00	Payee address; City; State; Zip Code  TX
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense campaign greeter
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 05/25/2017	Payee name FACEBOOK
	Amount (\$) \$50.47	Payee address; City; State; Zip Code  TX
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Marketing via FACEBOOK
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

## SCHEDULE F1

Advertising Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politics Credit Card Payment		Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Exp Printing Ex Salaries/W	ense pens ages	e /Contract Labor		Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
L			The Instruction Guide ex	plains how to cor	nple	ete this form.		
1	Total pages Schedule F1:	2 FILER NAM	E				3	Filer ID
	Sch: 4/14 Rpt: 9/19	Bivens, Gy	na					
4	Date	5 Payee name	)					
	05/08/2017	FACEBOO	K					
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip Co	de			
	\$50.53		-					
		тх						
L								
8	PURPOSE OF		See Categories listed at the top of	this schedule)	(n)	Description	outei	de of Texas, Complete Schedule T.
	EXPENDITURE	Advertising	Expense					officeholder living expense
						Public Aware		
9	Complete ONLY if direct	Candidate/Of	iceholder name	Office sou	ght			Office held
Ĺ	expenditure to benefit C/O			//u_ a - :				
Γ	Date	Payee name						
	05/06/2017	Fiesta Mar	t					
一	Amount (\$)	Payee addre	ess; City;	State; Zip Co	de			
	\$35.01							
		Fort Worth	TX					
L	PURPOSE				(b)	D	-	***
	OF	1	See Categories listed at the top of	this schedule)	(D)	Description  Check if travel	outsi	de of Texas. Complete Schedule T.
	EXPENDITURE	F00u/beve	rage Expense					officeholder living expense
						Food and bev	ver	age for campaign volunteers
Г	Complete ONLY if direct	Candidate/Of	iceholder name	Office sou	ght			Office held
	expenditure to benefit C/O	Н						
H	Date	Payee name		<u> </u>			-	
	05/06/2017	Goff, June	;					
L			O'the	D4-4-1 7'- C	-1 -	·		
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ue			
	\$160.00							
		Fort Worth	, TX					
Γ	PURPOSE	(a) Category (S	See Categories listed at the top of	this schedule)	(b)	Description		
	OF EXPENDITURE		ages/Contract Labor					de of Texas. Complete Schedule T.
								officeholder living expense
						Staffing camp	aní	gii iocations
<u> </u>	Committee ON W. W. F.	0411-1-151		04:		· · · · · · · · · · · · · · · · · · ·		Office hold
	Complete ONLY if direct expenditure to benefit C/OI		iceholder name	Office sou	ght			Office held
L								
L-			NAME OF THE PARTY					

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: FILER NAME 3 Filer ID 2 Sch: 5/14 Rpt: 10/19 Bivens, Gyna 4 Date Payee name 04/28/2017 Greater Meadowbrook News State; Zip Code 6 Amount (\$) Payee address; City; \$200,00 TX **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense On line newspaper advertising Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH Date Payee name 05/01/2017 Henderson, Crystal Payee address; State; Zip Code Amount (\$) City; \$250,00 TΧ **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense Greeter Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH Date Payee name 05/06/2017 Henderson, Crystal Payee address; State; Zip Code Amount (\$) City; \$410.00 Fort Worth, TX **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense SNATE WAYE Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense

Forms provided by Texas Ethics Commission

Candidate/Officeholder name

Complete ONLY if direct

expenditure to benefit C/OH

www.ethics.state.tx.us

Office sought

Version V1.0.2645

Food and beverages for workers and volunteers

Office held

#### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

Event Expense Loa
Fees Offi
Food/Beverage Expense Pol
Git/Awards/Memorials Expense Pri

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politice Credit Card Payment		Legal Services The Instruction Guide explains		ges/Contract Labor	OTHER (enter a category not listed above)	)			
1	Total pages Schedule F1:	2 FILER NAM	E			3 Filer ID				
L	Sch: 6/14 Rpt: 11/19	Bivens, Gy								
4	Date	5 Payee name	•							
	05/06/2017	Karian's Ca								
6	Amount (\$) \$695.75	7 Payee addre	ess; City; State	e; Zip Code	е					
8	PURPOSE	(a) Category (S	See Categories listed at the top of this sch	nedule) (I	b) Description					
	OF EXPENDITURE	Event Expe		]	_	outside of Texas. Complete Schedule T.				
					_	, TX, officeholder living expense lection Watch Party				
9	Complete ONLY if direct expenditure to benefit C/O		ficeholder name (	Office sough	nt	Office held				
	Date	Payee name								
	05/08/2017	Microsoft								
$\vdash$	Amount (\$)	Payee addre	ess; City; State	; Zip Code	е					
	\$7.58	TX	-	•						
<u> </u>										
	PURPOSE OF		See Categories listed at the top of this sch	nedule) (I	Description	outside of Toyon Complete Cabadula T				
	EXPENDITURE	Office Over	rhead/Rental Expense		<b>=</b>	outside of Texas. Complete Schedule T TX. officeholder living expense				
					Check if Austin, TX, officeholder living expense supplies					
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		ficeholder name (	Office sough	nt	Office held				
	Date	Payee name	)							
	06/19/2017	Mitchell, De	ennis							
	Amount (\$)	Payee addre	ess; City; State	; Zip Code	9					
	\$500.00	Tiene.	H_							
		Fort Worth,	, TX							
	PURPOSE OF		See Categories listed at the top of this sch	nedule) (I	Description					
	EXPENDITURE		ns/Donations Made By	nitton		outside of Texas. Complete Schedule T. , TX, officeholder living expense				
		Candidate/	Officeholder/Political Comm	ыпее	Contribution to	to help remove items from yard	after -			
					city fines drov	e sister to siucide. ACP 17-	20			
	Complete ONLY if direct expenditure to benefit C/O		iceholder name C	Office sough		Office held				
-			West Control of the C							

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID Total pages Schedule F1: 2 FILER NAME Sch: 7/14 Rpt: 12/19 Bivens, Gyna 4 Date Payee name 05/07/2017 Mt. Tabor Christian Center State; Zip Code Payee address; City; 6 Amount (\$) \$100.00 **Edgewood Terrace** Fort Worth, TX 76105 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas, Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Mt. Tabor Program Candidate/Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name 04/28/2017 Murphy Nasica Amount (\$) Payee address; City; State; Zip Code \$4,059.23 815 Brazos St Austin, TX 78701 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas, Complete Schedule T. Consulting Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Political Strategy Group Candidate/Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name 04/28/2017 **Murphy Nasica** Payee address; City; State; Zip Code Amount (\$) \$350.02 815 Brazos St Austin, TX 78701 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Consulting Expense EXPENDITURE Check if Austin, TX, officeholder living expense Political strategist Complete **QNLY** if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

#### SCHEDULE F1

Advertising Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politics Credit Card Payment		Fees Office Overnead/ Food/Beverage Expense Polling Expense Gilt/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/C  The Instruction Guide explains how to complete			se s/Contract Labor		Transportation Equipment & Related Expense Travel Out of District OTHER (enter a category not listed above)	
Ŀ				anis now to co	при	ste tills form.			
1	Total pages Schedule F1: Sch: 8/14 Rpt: 13/19	2 FILER NAM Bivens, Gy					3	Filer ID	
4	Date	5 Payee name							
Ĺ	04/28/2017	Owens, Ja							
6	Amount (\$)	7 Payee addr	ess; City; S	tate; Zip Co	de				
	\$180.00	TX							
8	DUDDOCT				/L\				
ľ	PURPOSE OF		See Categories listed at the top of th	s schedule)	(13)	Description	outci	do of Toyae, Complete Schadula T	
ı	EXPENDITURE	Salaries/W	ages/Contract Labor					de of Texas. Complete Schedule T. officeholder living expense	
				İ		Sign Work	, (),	omeendad: wing expense	
		ĺ				Oight Work			
_	0 1. 0.4.4.7.1.	0 11 1 10							
9	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Office sou	ght			Office held	
Г	Date	Payee name	9						
	05/04/2017	Panera Br	ead						
H	Amount (\$)	Payee addr	ess; City; S	tate; Zip Co	de				
	\$38.92	, ayou addin	500, Olly,	.a.o, 2.p 00	uc				
	Ψ30.32								
L		TX							
	PURPOSE	(a) Category (	See Categories listed at the top of the	s schedule)	(b)	Description			
	OF EXPENDITURE		rage Expense			Check if travel	outsi	de of Texas. Complete Schedule T.	
	EXPENDITORE				Check if Austin, TX, officeholder living expense				
	İ					Food and Be	ver	age for campaign worker	
	Complete ONLY if direct		ficeholder name	Office sou	ght			Office held	
	expenditure to benefit C/OI	Н							
F	Date	Payee name	<u> </u>						
	05/06/2017	Panera Bro							
<b> </b>				7:- O-	-1 -				
	Amount (\$)	Payee addr	ess; City; S	tate; Zip Co	ae				
	\$10.76								
		Fort Worth	, TX						
	PURPOSE	(a) Category	See Categories listed at the top of thi	s schedule\	(b)	Description	_		
	OF		rage Expense	3 Schooley	• •		outsio	de of Texas. Complete Schedule T.	
	EXPENDITURE					Check if Austin,	, TX,	officeholder living expense	
						Food and Be	vera	age for volunteers and workers	
	Complete ONLY if direct	Candidate/Of	ficeholder name	Office sou	ght			Office held	
	expenditure to benefit C/OI								
$\vdash$							_	***	

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - **Event Expense** Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

Travel Out of District Candidate/Officeholder/Political Committee
Credit Card Payment OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID Sch: 9/14 Rpt: 14/19 Bivens, Gyna Date Payee name 04/28/2017 Phyllis Allen Payee address; State; Zip Code 6 Amount (\$) City; \$500.00 TX **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense Staffing of contract labor Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 05/01/2017 Phyllis Allen Amount (\$) Payee address; City; State; Zip Code \$240.00 TX **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense Provided contract labor Candidate/Officeholder name Office held Complete ONLY if direct Office sought expenditure to benefit C/OH Date Payee name 05/06/2017 Phyllis Allen Payee address; State; Zip Code Amount (\$) City; \$588.00 TX **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas, Complete Schedule T. Salaries/Wages/Contract Labor EXPENDITURE Check if Austin, TX, officeholder living expense Providing staffing for campaign locations. Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

#### SCHEDULE F1

Advertising Expense Accounting/Banking

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
Total pages Schedule F1:	2 FILER NAME 3 Filer ID
Sch: 10/14 Rpt: 15/19	Bivens, Gyna
Date	5 Payee name
05/06/2017	Popeye's
Amount (\$) \$24.12	7 Payee address; City; State; Zip Code  TX
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Food/Beverage Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Food and beverages for workers and volunteers
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
05/05/2017	sos
Amount (\$) \$450.00	Payee address; City; State; Zip Code  TX
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Sign erection and maintenance
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date	Payee name
05/01/2017	Solomon, Angie
Amount (\$) \$750.00	Payee address; City; State; Zip Code
	TX
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Consulting Expense  Check if Travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Produced and provide Strategy for ground operaon
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

**Event Expense** Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 11/14 Rpt: 16/19 Bivens, Gyna 4 Date Payee name 05/08/2017 Solomon, Angie City; State; Zip Code 6 Amount (\$) 7 Payee address; \$850.00 TX **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description **OF** Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign Strategy Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 05/06/2017 Spring Creek Amount (\$) Payee address; City: State: Zip Code \$15,39 Arlington, TX **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Food and beverages for workers and volunteers Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 05/06/2017 Spring Creek Amount (\$) Payee address; City; State; Zip Code \$35.21 Arlington, TX **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas, Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Food and beverages for workers and volunteers Office sought Complete ONLY if direct Candidate/Officeholder name Office held expenditure to benefit C/OH

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			Event Expense Fees Food/Beverage Expens Gift/Awards/Memorials I Legal Services The Instruction Gu	Expense	Office Over Polling Ex Printing Ex Salaries/V	erhead pense kpens Vages	e /Contract Labor		Transporta Travel in I Travel Out	N-Lindraising Expension Equipment & Re District t of District enter a category not lis	lated Expense
1	Total pages Schedule F1:	<b>2</b> F	ILER NAME						3	Filer ID		
	Sch: 12/14 Rpt: 17/19	E	Bivens, Gyn	a								
4	Date	5 F	ayee name									
	05/02/2017	9	Sun Frog T	Shirts								
6	Amount (\$) \$55.47		Payee addres	ss; City;	State;	Zip Co	de					
8	PURPOSE	<u> </u>					(b)	Description				
٥	OF EXPENDITURE			e Categories listed at th Memorials Expe		edule)	(6)	Check if travel			s. Complete Schedule er living expense	т.
9	Complete ONLY if direct expenditure to benefit C/O		andidate/Offic	ceholder name	C	office sou	ght			Offi	ce held	
Γ	Date	F	Payee name									
	05/04/2017		Super Dry C	Cleaners								
Г	Amount (\$)	F	Payee addres	ss; City;	State;	Zip Co	de					
	\$153.43	-	тх									
	PURPOSE OF EXPENDITURE		Category (Se Event Expe	ee Categories listed at th	ne top of this scho	edule)	(b)	<u></u>	, TX	officeholde st for ta	s. Complete Schedule er living expense ble cloths for	T. election
	Complete ONLY if direct expenditure to benefit C/O		andidate/Offi	ceholder name	C	Office sou	ght			Offi	ce held	
	Date	F	Payee name				-					
	05/06/2017		Sweet Hom	ne Baptist Churc	h							
	Amount (\$) \$150.00		Payee addres 5225 Rame		State;	Zip Co	de					
		F	Fort Worth,	TX								
	PURPOSE OF EXPENDITURE		Category (Se Event Expe	ee Categories listed at th	ne top of this scho	edule)	(b)	<u></u>	, TX	, officeholde	s. Complete Schedule er living expense atch Party	т.
	Complete <u>CNLY</u> if direct expenditure to benefit C/O		andidate/Offi	ceholder name	C	Office sou	ight			Offi	ce held	

## SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense Fees Accounting/Banking

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Gift/Awards/Memo Legal Services  The Instruction			pens ages	se s/Contract Labor		Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME					· · · · · · · · · · · · · · · · · · ·	3	Filer ID	
	Sch: 13/14 Rpt: 18/19		Bivens, Gyn	a							
4	Date	5	Payee name								
	05/06/2017		Sweet Home	e Baptist							
6	Amount (\$)	7	Payee addres	ss; City;	State	e; Zip Co	de				
	\$50.00		5225 Rame	y							
			Fort Worth,	TX							
8	PURPOSE	(a	Category (Se	e Categories listed	at the top of this so	hedule)	(b)	Description			
	OF EXPENDITURE		Event Exper							ide of Texas. Complete Schedu <b>l</b> e T.	
	EXT ENDITORE					1		_		, officeholder living expense	
								Victory Night	VV	alch Party	
L		L									
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offic	cenoider name		Office sou	gnt			Office held	
	Date	Π	Payee name								
l	05/06/2017		Sweet Home	e Baptist Ch	urch						
Г	Amount (\$)	T	Payee addres	ss; City;	State	e; Zip Co	de				
	\$100.00		5225 Rame	y Avenue							
			Fort Worth,	TX 76105							
Г	PURPOSE	(a	Category (Se	e Categories listed	d at the top of this so	chedule)	(b)	Description			
	OF EXPENDITURE		Contribution	s/Donations	Made By					ide of Texas. Complete Schedule T.	
		1	Candidate/C	Officeholder/I	Political Comr	nittee				, officeholder living expense	
								Anniversary	eve	ent.	
┝	Complete ONLY if direct	L	Candidate/Offic	ceholder name	9	Office sou	aht			Office held	
	expenditure to benefit C/O	Н									
Г	Date		Payee name								
	05/06/2017		Whataburge	er							
Г	Amount (\$)	T	Payee addres	ss; City;	State	e; Zip Co	de	***			
	\$6.97										
			Fort Worth,	TX							
H	PURPOSE	(a	Category (Se	e Categories listed	d at the top of this so	chedule)	(b)	Description			
	OF EXPENDITURE			age Expense				Check if travel		ide of Texas, Complete Schedule T.	
	EXPENDITORE									, officeholder living expense	
								⊢ood and Be	ver	age for poll worker	
H	Complete Ot II V if direct	_	Condidate IO	a bolde		Office				Office hold	
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offic	cenoider name	e	Office sou	ynt			Office held	
L											

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Credit Card Payment	il Coi		gal Services he Instruction G	saar uide explains how to		lete this form.	OTHER (enter a ca	ategory not listed above)
1	Total pages Schedule F1:	2	FILER NAME					3 Filer ID	
	Sch: 14/14 Rpt: 19/19		Bivens, Gyna						
4	Date	5	Payee name					<u> </u>	
	04/28/2017		Work for You						
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$400.00								
			TX						
8	PURPOSE	(a)	Category (See	Categories listed at t	the top of this schedule)	(b)	) Description		
	OF EXPENDITURE		Salaries/Wage	es/Contract L	abor			outside of Texas. Comple	
							Check if Austin, TX, officeholder living expense Sign set up and maintenance		
							Oigii oot up u	and manner and	
9	Complete ONLY if direct	Ц	Candidate/Office	holder name	Office	sought	<u> </u>	Office held	d
	expenditure to benefit C/OI								
								· · · · · · · · · · · · · · · · · · ·	